



East Midlands Ambulance Service **NHS**
NHS Trust



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EXPERIENCES & UNDERSTANDING OF 999 111 SERVICES OF PEOPLE 65 AND OVER

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INTRODUCTION

- ✘ During 2011/12, East Midlands Ambulance Service (EMAS) received 776,000 emergency 999 calls of which 36% (277,000) did not require transportation to hospital.
- ✘ Inappropriate calls can be due to public misunderstanding of when it is appropriate to ring 999.
- ✘ NHS 111 is a free telephone service that enables the public to access health care advice when the matter is urgent but not a 999 emergency.
- ✘ However, knowing which service to telephone is not always easy and such a decision can be particularly difficult for older people as symptom presentation across complex co-morbidities can vary.

AIM

To explore the understanding and experiences of emergency (999) and urgent services (NHS 111) among older people aged 65 and over.

METHODOLOGY

A mixed method of scoping project was carried out. Here, we report findings from the qualitative work stream.



- ✘ We conducted four semi-structured interviews and three focus groups (n=15, n=3, n=7) with a purposive sample of members of the public aged 65 years or over.
- ✘ Purposive sampling. We recruited participants, primarily through Age UK centres, of different ages (all 65+), sex, geographical location and use of 999 ambulance and/or NHS111 services.
- ✘ A topic guide included questions concerned with the participants' understanding, use and experience of both services.

METHODOLOGY, CONT'D

DATA ANALYSIS

- ✗ **Grounded theory** (Glaser and Strauss, 1967; Glaser, 1992; Stern, 1994)
- ✗ **Theories in services and user behaviours** (Grönroos, 1994, Jobber and Ellis-Chadwick, 2013; Kotler and Armstrong, 2014)
- ✗ **A phenomenological approach of looking into understanding and experiences** (Costelloe, 1996; Moran, 2000; Schutz, 1954)
- ✗ **Nvivo 8** facilitated the generation of empirical research results

RESEARCH FINDINGS:

1. CLINICAL CONDITIONS, PERCEIVED TO CALL 999, EXAMPLES

1).The clinical conditions, that seemed to be clear to them were:

Heart attack

Fallen, hip
broken

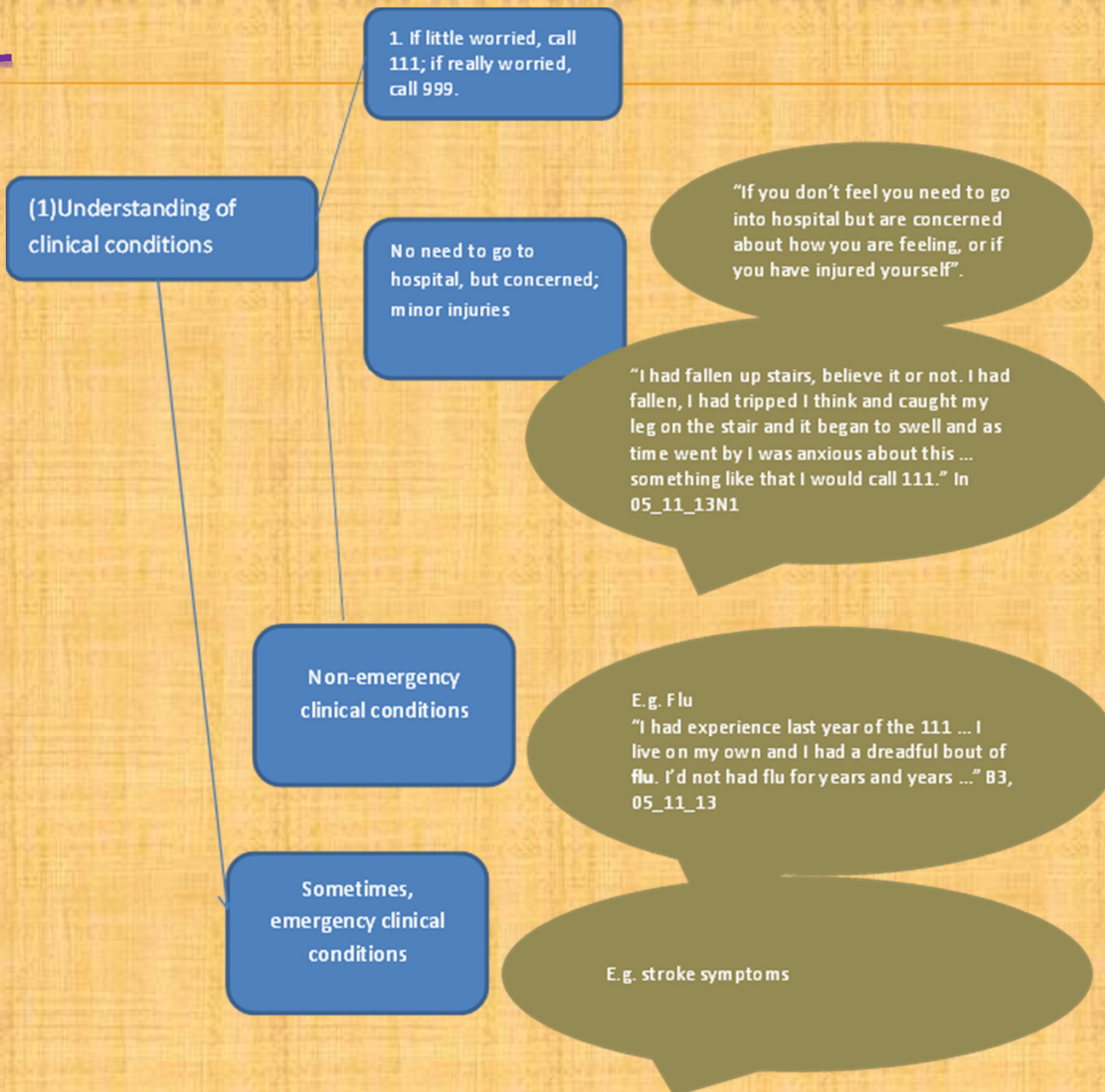
Stroke

Food stuck in
throat
suddenly

Unconsciousness

2. CLINICAL CONDITIONS, PERCEIVED TO CALL

111



1. CLINICAL CONDITIONS, WHEN TO CALL 999 SERVICE, CONT'D

2). After an acute incident, they were not certain but very worried about immediate risks of a severe injury

(2) After an incident, they were not completely certain about the injury but very worried about the severity

Fallen off the bed

Fallen, couldn't get up

"if an old person has a fall and they are going to need an ambulance anyway for suspected broken bones."
P2, 130713

999 EXPERIENCES

Positive experiences:

1. Call contents and procedures

2. Handling process 999 –

- Being professional in handling emergency clinical conditions

- Caring & calming things down

3. Ambulance speedy arrivals & delays

4. Loyal 999 users

999 EXPERIENCES, CONT'D

1. Most of the 999 calls were made by a partner, family member, friend or a key holder of the person, suffering from an emergency clinical condition.
2. A few made by the persons, suffering from an emergency clinical condition.

999 EXPERIENCES, CONT'D

1. Perceived call contents & procedures

× Comprehensive, clear & straightforward

“...I’ve given them the symptoms and a brief history of the heart problems.”(P2, 130713)

“The normal questions, obviously they ask you your telephone number, obviously, and through who you are, and what you know about what’s happened and such like.” (P, 091013)

× Decision making was quick

“999 ... they’ve always, whilst they are talking to you, they have reached the situation where they’ve already called an ambulance or called a paramedic ... blue-light or not, they take that decision in the call, quite quickly.” (P, 091013)

999 EXPERIENCES, CONT'D



2. Handling process

Staff are professional, knowledgeable, caring in handling emergency clinical conditions

“... A&E as well, as far as I am concerned ... they are brilliant. They are so caring, you know, and even if you have to wait, well fine.” (P5)

“yes somebody there whose experienced or sort of trained and things like that. And you get the help you want ...”
(P,111013)

999 EXPERIENCES, CONT'D

× Ambulance speedy arrivals

“...the ambulance was there in no time. They took me to hospital to x-ray me immediately. We got there they put me on a trolley ...” (P, In-111013)

× Delays - dissatisfied

“... He went and called about five times between just before Christmas and just up to a month ago ... On one occasion ...plus the first response and then two ambulances and one of them come from Cambridge ... there seems to be a lot of confusion as to where ambulances are directed ...the four hours wait ...don't really know where Ryhall is.” (P7, F280613)

111 EXPERIENCES

SATISFIED EXPERIENCES



1. Complex clinical conditions – offered to see out-of-hour Doctors

“111, ... I was quite happy with it, got straight through everything ... I had to go to the hospital to see Dr ... We just straight into the doc he was waiting for ... Water problems, urinary ... I was also allergic to some antibiotics before and that made it worse. And I don't like going to hospital ... so that's good. How long did your call take? Was it like ... take twenty minute... It was just **quick**.” (P, F-020913)

2. Ambulance dispatched via 111 – an emergency

“My wife called 111 and my experience of it was it was fantastic. Within 5 minutes of the call I got a LIVES responder at my door ... at the same time he said there was an ambulance outside as well.” (P, F051113)

111 EXPERIENCES

1. PERCEIVED CALL CONTENTS & PROCEDURES

- × The purposes of certain questions were not understood by some participants & the phone was put through to another staff

“when you are feeling really poorly, so the question that I was asked ‘do you do your own cooking’, ‘do you clean up’, ‘do you do your own cleaning’, ‘do you have anybody in the house to help’. When you’re really feeling pretty rough, that’s not the sort of questions you need to be asked plus I’d gone through all these questions once and then the girl on the other end of the telephone said ‘right I will put you through to someone else now’ and all those questions were repeated.” (P, F051113)

111 EXPERIENCES

1. PERCEIVED CALL CONTENTS & PROCEDURES, CONT'D

× Perceived as complicated by some respondents

when you called 111 the process is ... less than comprehensive.” (P1) “... It is, it’s lengthy, it’s complicated for the older people” (P2, In-130713)



× Decision making - based on ‘ticking boxes’

“...because they’ve only got tick boxes and things to fill them in, that’s the indication I get, I could be wrong, and then when they have ticked all the boxes they decide.” (P2, In-130713)

111 EXPERIENCES

*DISSATISFIED

One was given advice, but wished to see an out-of-hour doctor – a different understanding of the clinical condition from that of 111 service

“111 ...I thought I needed a doctor to get an antibiotic ... but was told to keep taking paracetamol, drink plenty and rest really. Which I didn't feel was quite what I wanted. I wasn't really very happy ... I wasn't on the antibiotic... I just thought they would tell me where I could go to see a doctor and they said I couldn't do anything until Monday ... I didn't want to wait until Monday because my cough was terrible. I coughed all night long.” (P, F280613)

111 EXPERIENCES

*DISSATISFIED

One was given advice, but wished to see an out-of-hour doctor – Explained

“I live on my own and I had a dreadful bout of flu. I’d not had flu for years and years. And I wasn’t, didn’t seem to be getting any better. I wanted reassurance I think as much as anything, that I was actually doing the right thing” (P, F051113).

Participant – focused on the current status so far, e.g. feeling, symptoms

“... but their final response to me was ‘if you’re not better in three weeks I think you ought to see your doctor’ (P, F051113).

111 service – focused on how it would develop and would result in.

LOYAL 999 USERS

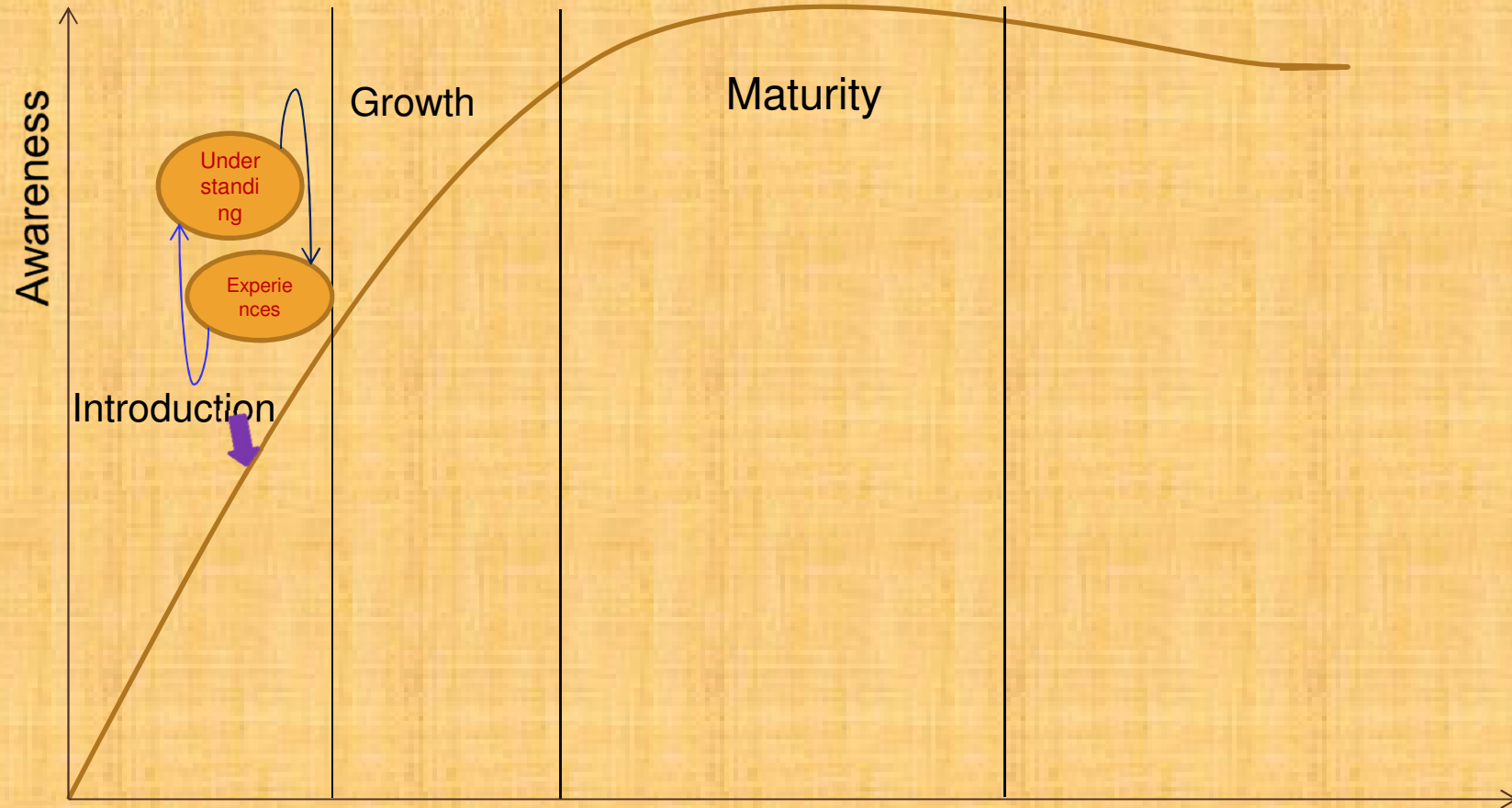


- *Those living in 'fears', with limited mobility.**
- *The above sub-group, concerning about being sent doctor/or other forms of help or not, while using 111.**
- *The lived world of loyal 999 users, in general being ill.**
- *Having a certain degree of physical difficulty of accessing to healthcare service, however, being able to be self-managed to attend to the local surgery with arranged public transport support.**

CONCLUSION

- ✘ For loyal users, a focus of education on 'emergency' and 'urgent' clinical conditions, can be an approach to enhance their understanding of appropriate future use of 999.
- ✘ For 999 management, a realization that 999 being a public service, inappropriate calls to 999 would be unavoidably to exist; however, the situation can be managed to some extent with the continuous public education.
- ✘ There was a lack of understanding of the purposes of questions and procedures of 111 service by this group. An improvement would enhance 111 service identity & communication.
- ✘ There is possibly a scope go for more effective communication on how the system works by 111, to explain to the users on 'why' certain solutions are reached in certain calls.

111 SERVICE – GIVING TIME



(Source: Adopted from Jobber and Ellis-Chadwick, 2013, p. 398)

Time

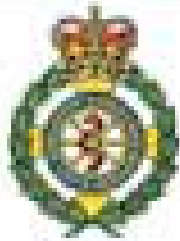
FUTURE RESEARCH RECOMMENDATION

An investigation into the use of 999 & 111 services among other age groups

A longitudinal study, to repeat the study focus on the same cohort

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Thank you